

STATE OF INDIANA  
STATE REVOLVING LOAN (SRF) PROGRAM  
100 NORTH SENATE AVENUE  
P.O. BOX 6015  
INDIANAPOLIS, IN 46206-6015  
317-232-4396

REQUEST FOR DISBURSEMENT

The undersigned Authorized Representative of the Qualified Entity named in this Request, on behalf of such Qualified Entity, hereby (i) requests that the State make a Disbursement, or cause a Disbursement to be made, according to this Request and (ii) directs that the State mail, or cause to be mailed, the Disbursement to the Qualified Entity or the Contractor named in this Request.

INSTRUCTIONS

1. This request is applicable only to costs of the Qualified Entity's wastewater or drinking water project eligible for financing through the State Revolving Loan fund (SRF).
2. A new Disbursement Request Form should be used for each contractor.
3. Combine multiple bills from a single contractor on one request form.
4. Attach a copy of the claim (a bill, invoice or a statement) underlying this Request.
5. Complete the required information and please answer all questions.
6. Indicate on this Request if the Qualified Entity has paid all or part of the Contractor's claim and is seeking reimbursement. Attach evidence that such payment was made and the date on which it was made.
7. Inquiries related to the status of a Disbursement request must be directed to the Qualified Entity. The Entity can then contact this office for the information. Please contact your contractors about this policy.
8. Requested amounts must be rounded to the nearest whole dollar.
9. The Request must be typed.
10. Please sent all Disbursement Requests to the address listed above. Please send to the attention of Shelley Reynolds (317-232-4396).

DISBURSEMENT REQUEST INFORMATION

Community:

Project No.:

Mailing Address:

Request No.:

Contact Person:\_\_\_\_\_

Contact Phone No.: (    )\_\_\_\_\_

Community's Authorized Representative:\_\_\_\_\_

Authorized Representative's Phone No.:\_\_\_\_\_

Description of work for which claim is being made (services, fees, type of, etc.)\_\_\_\_\_

Contractor

Address

Amount Requested

\$\_\_\_\_\_

Original Loan Amount.....

\$\_\_\_\_\_

Total Amount of Previous Disbursements.....

\$\_\_\_\_\_

Amount of this Request.....

\$\_\_\_\_\_

Balance Available after this Disbursement.....

\$\_\_\_\_\_

Is a portion of the claim underlining this Request subject  
to retainage under IC 36-1-12-14 or a similar law?

YES\_\_\_\_\_ NO\_\_\_\_\_

If yes the retainage amount is .....

\$\_\_\_\_\_

(This amount will be mailed to the community for such retainage purposes and the remainder sent directly to the contractor identified above.)

Has the Qualified Entity paid the request and  
seeking reimbursement?

YES\_\_\_\_\_ NO\_\_\_\_\_

Is this the final payment to the contractor?

YES\_\_\_\_\_ NO\_\_\_\_\_

The undersigned hereby certifies that this request is true and correct, that the claim underlying this Request is legally due (and is payable from the SRF) in accordance with the Community's Financial Assistance Agreement with the State.

DATE: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE